

**Express Mail Label No. EL 823671859 US**

**Application Data Sheet**

**Application Information**

Application number:: Unassigned  
Filing Date:: Herewith  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R???:  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)??:  
Number of copies of CRF::  
Title:: ANTIINFLAMMATION AGENTS  
Attorney Docket Number:: 018781-005710US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.: No

**Applicant Information**

1) )  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michelle  
Middle Name:: F.  
Family Name:: Browner  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 15 Christopher Drive  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94131

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: L.  
Family Name:: Clark  
Name Suffix::  
City of Residence:: Albany  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 812 Adams Street, Apt. 1  
City of Mailing Address:: Albany  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94706

|   |                     |
|---|---------------------|
| Applicant Authority Type::              | Inventor            |
| Primary Citizenship Country::           | US                  |
| Status::                                | Full Capacity       |
| Given Name::                            | Timothy             |
| Middle Name::                           | D.                  |
| Family Name::                           | Cushing             |
| Name Suffix::                           |                     |
| City of Residence::                     | Pacifica            |
| State or Province of Residence::        | CA                  |
| Country of Residence::                  | US                  |
| Street of Mailing Address::             | 1064 Glacier Avenue |
| City of Mailing Address::               | Pacifica            |
| State or Province of mailing address::  | CA                  |
| Country of mailing address::            | US                  |
| Postal or Zip Code of mailing address:: | 94044               |

|   |                                |
|---|--------------------------------|
| Applicant Authority Type::              | Inventor                       |
| Primary Citizenship Country::           | China                          |
| Status::                                | Full Capacity                  |
| Given Name::                            | Xiaolin                        |
| Middle Name::                           |                                |
| Family Name::                           | Hao                            |
| Name Suffix::                           |                                |
| City of Residence::                     | So. San Francisco              |
| State or Province of Residence::        | CA                             |
| Country of Residence::                  | US                             |
| Street of Mailing Address::             | 855 Commerical Avenue, Apt. #4 |
| City of Mailing Address::               | So. San Francisco              |
| State or Province of mailing address::  | CA                             |
| Country of mailing address::            | US                             |
| Postal or Zip Code of mailing address:: | 94080                          |

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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ronald  
Middle Name:: C.  
Family Name:: Hawley  
Name Suffix::  
City of Residence:: Mountain View  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 500 Chiquita Avenue, #18  
City of Mailing Address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94041

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CANADA  
Status:: Full Capacity  
Given Name:: Xiao  
Middle Name::  
Family Name:: He  
Name Suffix::  
City of Residence:: Foster City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 732 Marlin Avenue, Apt. #2  
City of Mailing Address:: Foster City  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94404

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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Juan  
Middle Name:: C.  
Family Name:: Jaen  
Name Suffix::  
City of Residence:: Burlingame  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 154 Los Robles Drive  
City of Mailing Address:: Burlingame  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94010

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Sharada  
Middle Name:: S.  
Family Name:: Labadie  
Name Suffix::  
City of Residence:: Sunnyvale  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1618 Kamsack Drive  
City of Mailing Address:: Sunnyvale  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94087

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: Marie-Louise  
Middle Name::  
Family Name:: Smith  
Name Suffix::  
City of Residence:: Half Moon Bay  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2037 Touraine Lane  
City of Mailing Address:: Half Moon Bay  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94019

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: MEXICO  
Status:: Full Capacity  
Given Name:: Francisco  
Middle Name:: X.  
Family Name:: Talamas  
Name Suffix::  
City of Residence:: Mountain View  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1658 Tulane Drive  
City of Mailing Address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94040

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: Nigel  
Middle Name:: P.C.  
Family Name:: Walker  
Name Suffix::  
City of Residence:: Burlingame  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 20 Howland Hill Lane  
City of Mailing Address:: Burlingame  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94010

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

|                                      |                                |   |
|--------------------------------------|--------------------------------|---|
| Representative Designation:: Primary | Representative Number:: 37,330 | Representative Name:: Eugenia Garrett-Wackowski |
| Associate                            | 37,369                         | William B. Kezer                                |

#### **Domestic Priority Information**

|                   |                   |                      |                      |
|-------------------|-------------------|----------------------|----------------------|
| Application::     | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| Claims benefit of | Provisional       | 60/243,582           | 10/26/00             |

**Foreign Priority Information**

Country:: Application number:: Filing Date::

**Assignee Information**

Assignee Name:: Syntex (U.S.A.) LLC  
Street of mailing address:: 3401 Hillview Avenue  
City of mailing address:: Palo Alto  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94303

**Assignee Information**

Assignee Name:: Tularik Inc.  
Street of mailing address:: Two Corporate Drive  
City of mailing address:: So. San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94080